

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33206

**Entity Name:** MOUNT DORA SISTER CITIES ASSOCIATION, INC.

**FILED**  
**Apr 09, 2017**  
**Secretary of State**  
**CC5979886304**

**Current Principal Place of Business:**

MOUNT DORA SISTER CITIES ASSOCIATION  
%CITY OF MOUNT DORA 510 BAKER STREET  
MOUNT DORA, FL 32757

**Current Mailing Address:**

PO BOX 1651  
MOUNT DORA, FL 32756-1651 US

**FEI Number: 59-3004051**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOMICH, JAMES L  
621 E. 5TH AVE.  
MOUNT DORA, FL 32757 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           EPAILLARD, JANICE  
Address        1921 CITRUS COURT  
City-State-Zip: MOUNT DORA FL 32757

Title           PRESIDENT  
Name           GEARING, BILL  
Address        904 E 11TH AVENUE  
City-State-Zip: MOUNT DORA FL 32757

Title           VP  
Name           FINDLEY, DREW  
Address        4546 CLAIRE ROSE COURT  
City-State-Zip: MOUNT DORA FL 32757

Title           SECRETARY  
Name           TORRES, ANITA  
Address        2004 ISOLA BELLA BOULEVARD  
City-State-Zip: MOUNT DORA FL 32757

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JANICE EPAILLARD**

**TREASURER**

**04/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date